

**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Hospital of Saint Raphael	
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Non-profit	
Name of Contact person, including title	Barbara Durdy Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT 06511	
Contact person's phone, fax and e-mail address	203) 789-4378 Phone (203) 789-3653 Fax bdurdy@srhs.org	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

**Take Heart Cardiac Rehabilitation Program Consolidation and Co-location with
Outpatient Cardiology Clinic Services**

b. Location of proposal (Town including street address):

From:

1) Take Heart (secondary location)

84 North Main Street

Branford, CT. 06405

2) Hospital of Saint Raphael Cardiology Clinic location

1450 Chapel Street

New Haven, CT 06511

To:

Take Heart (primary location)

175 Sherman Avenue

New Haven, CT 06511

c. List all the municipalities this project is intended to serve:

**This project will serve the residents of our 22 town greater New Haven service area.
Please see Attachment # 3 for a listing of cities and towns which comprise the Hospital's
Service Area.**

d. Estimated starting date for the project:
October 2006

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that
apply)

E P

☒ ☐ Acute Care Hospital
☐ ☐ Behavioral Health Provider
☐ ☐ Hospital Affiliate

E P

☐ ☐ Imaging Center
☐ ☐ Ambulatory Surgery Center
☒ ☐ Other (specify): **Cardiac
Rehabilitation Services, Cardiac
Clinic Services**

E P

☐ ☐ Cancer Center
☐ ☐ Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure/Cost: \$0

There is no capital expenditure required for this project.

Please provide the following breakdown as appropriate: (may not represent the aggregate shown above) New Construction/Renovations	\$
Medical Equipment (Purchase)	\$
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	
Fair Market Value of Leased Equipment	
Total Capital Cost	

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

Not applicable. No major medical equipment or imaging equipment purchases related to this project.

b. Type of financing or funding source:

- ☒ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify):

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

Please see Attachment # 1 for a description of the project.

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

The Hospital of Saint Raphael is a 511 bed general acute care teaching hospital located in New Haven, Connecticut. The Hospital provides the full spectrum of Cardiovascular services, including cardiology, cardiac surgery, vascular surgery and thoracic surgery. The scope of services provided spans the continuum of care from prevention and diagnosis, to intervention, surgery and rehabilitation. Cardiovascular services are considered a Center of Excellence at the Hospital.

Please see Attachment # 2 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The hospital is proposing the consolidation of the TakeHeart Cardiac Rehabilitation program services and their co-location with outpatient cardiology clinic services within existing space of the TakeHeart program located at 175 Sherman Avenue, New Haven (directly across the street from the Hospital's main campus). Services are provided by Hospital-based physicians and ancillary staff and are operated under the Hospital of Saint Raphael license.

3. Will you be charging a facility fee?

The Hospital will continue to bill for this service in a manner consistent with other outpatient clinic services.

4. Who is the current population served and who is the target population to be served?

The Hospital of Saint Raphael generally serves the residents of South Central Connecticut, consisting of the 22 municipalities (approximately 700,000 persons) of greater New Haven.

Please see Attachment # 3 for a listing of cities and towns which comprise the Hospital's Service Area.

5. Who will be providing the service?

TakeHeart Cardiac Rehabilitation Program is staffed by personnel necessary to conduct the program safely and effectively, who are trained in both basic and advanced life support techniques and in exercise therapy for coronary disease. The services of non-physician personnel are furnished under the direct supervision of a hospital-based physician as defined in 42 CFR. Outpatient Cardiology Clinic services are provided by hospital-based attending cardiologists, supported by cardiovascular disease fellows in training and the administrative and nursing staff of the TakeHeart program.

6. Who are the payers of this service?

The Hospital anticipates that the payors of this service will be consistent with the overall payor mix of the Hospital.

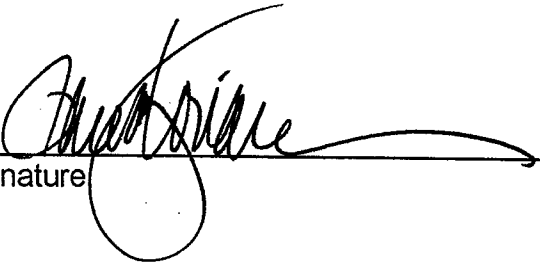
SECTION V. AFFIDAVIT

Applicant: **Hospital of Saint Raphael**

Project Title: **Take Heart Cardiac Rehabilitation Program Consolidation and Co-location with Outpatient Cardiology Clinic Services**

I, **Paul Storiato**, Chief Financial Officer (CFO)

of the **Hospital of Saint Raphael** being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that the **Hospital of Saint Raphael** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

8/10/2006
Date

Subscribed and sworn to before me on 8/10/2006


Notary Public/Commissioner of Superior Court

GLORIA ASTARITA
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2006

My commission expires: _____

Attachment # 1

Project Description

Attachment # 1**Take Heart Cardiac Rehabilitation Program Consolidation and Co-location with Outpatient Cardiology Clinic Services****Project Description**

The Hospital is proposing the consolidation of the TakeHeart Cardiac Rehabilitation program services and their co-location with outpatient cardiology clinic services within the existing New Haven space of the TakeHeart program. The New Haven location has been the primary service location of TakeHeart for over 5 years and is located adjacent to the hospital's main campus. The project involves: a) relocating the Branford based TakeHeart services to the primary location in New Haven, and; b) the relocation of existing outpatient cardiology clinic services to the TakeHeart space.

TakeHeart Cardiac Rehabilitation is a comprehensive, long-term program that includes medical evaluation, prescribed monitored exercise sessions, cardiac risk factor modification, patient education, and counseling. The majority of services are characterized as Phase II Cardiac Rehab, which refer to outpatient, medically supervised programs that are typically initiated 1-3 weeks after hospital discharge and designed to help patient understand, adjust to, and recover from cardiovascular events such as cardiac surgery or myocardial infarction. Outpatient Cardiology Clinic services include the acute and longitudinal evaluation and management of cardiovascular diseases by hospital-based attending cardiologists.

Increasingly TakeHeart services have focused on earlier identification of patients at risk for cardiovascular disease and the initiation of preventative lifestyle modifications and aggressive therapies. This expansion of service focus has required greater operational synergy and patient care interactions between TakeHeart and Cardiology Clinic providers and is reflective of the Hospital's commitment to provide comprehensive cardiovascular care.

The recently updated CMS (Center for Medicaid and Medicare Services) Coverage Determination for cardiac rehabilitation programs (March 2006) and clarification of supervisory requirements makes it no longer possible for the Hospital to offer CMS reimbursable TakeHeart exercise services at the Branford location. Given the payor mix of TakeHeart participants and the underlying decline of TakeHeart patient referrals coincident with declining cardiovascular events administratively eligible for rehabilitation services, the Hospital seeks the proposed reorganization to realize necessary administrative and operational efficiencies. The co-location of TakeHeart and Cardiology Clinic services will: a) ensure all rehabilitation exercise sessions satisfy CMS supervisory requirements since hospital-based cardiologist will be on-site; b) improve the identification of patients who will benefit from TakeHeart services and increase TakeHeart referrals; c) improve the integration of longitudinal cardiovascular clinic care with rehabilitation services and optimize the

quality of care; d) expand the focus and comprehensive nature of hospital based outpatient cardiology clinic services, and; e) better link these cardiovascular services to the Hospital's Occupational Health Plus, Cholesterol Management, and Pastoral Care programs that are also located in the 175 Sherman Avenue location. The co-location of these services will permit patients to conveniently schedule appointments with both clinic physicians and TakeHeart staff, minimize patient travel burden, and streamline registration, medical record management, and other administrative tasks.

The Take Heart program and outpatient cardiology clinic services are integral components of the overall continuum of cardiac services provided by the Hospital. This project will enable the Hospital to continue to provide these essential services in the most efficient and convenient manner.

Attachment # 2

Hospital of Saint Raphael License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0056

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hospital of Saint Raphael of New Haven, CT, d/b/a Hospital of Saint Raphael is hereby licensed to maintain and operate a General Hospital.

Hospital of Saint Raphael is located at 1450 Chapel Street, New Haven, CT 06511

The maximum number of beds shall not exceed at any time:

22 Bassinets

511 General Hospital beds

This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

License revised to reflect:

*Change of address on (1) satellite effective 9/10/05

Satellites

*Adolescent Day Hospital, 646 George Street, New Haven, CT
 Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
 Children's Psychiatric Day Hospital, 1348 Chapel Street, New Haven, CT
 Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
 Project Mother Care (Mobile), 9 River Street, New Haven, CT
 Dwight School Based Health Center, 130 Edgewood Avenue, New Haven, CT
 Dental Mobile Van "Miles 4 Smiles", 9 River Street, New Haven, CT
 Elder Care Clinic/Tower One, Tower Lane, New Haven, CT
 Elder Care Clinic/Casa Otonal, 140 Sylvan Avenue, New Haven, CT
 Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
 Elder Care Clinic/Crawford Manor, 90 Park Street, New Haven, CT
 Elder Care Clinic/Ribicoff Cottages, 200 Brookside Avenue, New Haven, CT
 Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT
 Mcqueency Towers/Hospital of Saint Raphael Eldercare Clinic, 318/358 Orange Street, Apt.#416, New Haven, CT
 Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT
 Troup School Base Health Center, 130 B Leeder Hill, Hamden, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
 Commissioner

Attachment # 3

**Listing of Towns and Cities that Comprise the Service Area
of the Hospital of Saint Raphael**

Attachment # 3

**Hospital Of Saint Raphael
22 Town Service Area**

**Ansonia
Bethany
Branford
Cheshire
Clinton
Derby
East Haven
Guilford
Hamden
Madison
Meriden
Milford
New Haven
North Branford
North Haven
Orange
Oxford
Seymour
Shelton
Wallingford
West Haven
Woodbridge**